S. No. 2
—11-10-39
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I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23787

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6232

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DEACONESS HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis, 26 (If outside city or town limits, write "RURAL")

(d) Street No. 921 La Beaume Str. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Magdalena Sadowski, 326

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Michael

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased May 9th, 1882 (Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 14 If less than one day hr. min.

9. Birthplace Poland (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Michael Sadowski,

(b) Address 921 La Beaume Street

17. (a) Bural (Burial, cremation, or removal) (b) Date thereof 7-26-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Hy Leidner Md. Co.

(b) Address 2223 St. Louis Ave.,

19. (a) JUL 25 1940 (Date received by Registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 23rd year 1940 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from Oct 23, 1940, to July 23, 1940; that I last saw her alive on July 23, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinomatosis	9+ mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Inoperable Ca of Left ovary + Metastases

Of autopsy No. Oct 30 1939. St Mary's Hosp.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature W J Motzel (M. D. or other) M.D.

Address 2729 Nordwood Pl Date signed 7-25-40

(Licensed Embalmer's Statement on Reverse Side)

Grant + Ft Lincoln Ave
FR. 3960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Embalmer mee mail signed blank

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.